

## THE STATE BAR OF CALIFORNIA

## COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS

180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2303 1149 South Hill Street • Los Angeles, CA 90015-2299 • (213) 765-1500

## DOCUMENT COPY REQUEST FORM

If you wish to receive a copy of a registration/application form or other document(s) that you have filed with the Committee's office, please complete and return this form along with a check for the appropriate amount. **This form must be notarized.** 

	TYPE OF DOCUMENT (Please circle)	FEE REQUIRED				
	Registration Form California Bar Application Form Moral Character Application Form	\$15.00 \$15.00 \$15.00				
	Other documents		\$5.00 for first page and .25¢ for each additional page. If you wish to have the Committee retain the copy and return the original document to you, please mark this box $\Box$			
		-	Name			
	Exam Date(s) Month & Year		Address			
	Social Security Number		City	State	Zip Code	
		-	Daytime Telephone Number			
NOTARY: State of		, County	of	, On this	Signature day	
of	in the year of _	, be	fore me,			
a notary evidenc	y public, personally appeared ee to be the person whose name is subsc	cribed to this instrumen	t, and acknowledged that	proved to me on the basis he or she executed the san	of satisfactory ne.	
					Notary Signature	
IN PERSON:    I hereby authorize the Committee of Bar Exa			ners to mail a copy of my	7	to	
	☐ I hereby acknowledge rec	eipt of my				
				Sign atur	e	Date
Office	e Use Only	Identif	ication: CDL/CID			
Staff	Signature		SS#			